Rhode Island Family Court Rhode Island Family Drug Treatment Court Providence, Rhode Island TI14116

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B&D ID 52102

PROJECT DESCRIPTION

Expansion or Enhancement Grant—Expansion and Enhancement (abstract; page 7)

Program Area Affiliation—Criminal Justice

Congressional District and Congressperson—Rhode Island 1 and 2; Patrick J. Kennedy; Rhode Island and James R. Langevin, respectively

Public Health Region—I

Purpose, Goals, and Objectives—The purpose of the Family Treatment Drug Court is to protect infants and children whose health and welfare may be adversely affected by parental use of drugs and/or alcohol, to strengthen the family unit, to enhance parental capacity to meet the health and developmental needs of their children, and to expedite permanency for infants and children in state care. (page 4) The goals of the Rhode Island Family Treatment Drug Court program are as follows: (1) to ensure collaboration and coordination between the judicial system, the child welfare system, and the substance abuse treatment system; (2) to increase opportunities for families of drug-exposed children to succeed in recovery and parenting efforts; and (3) to utilize evaluation findings for continuous quality improvement. (pages 8-9)

Target Population—Women at least 18 years old with a residence or last known address in Providence or Bristol Counties who (1) have delivered babies who are drug exposed during pregnancy or at birth; (2) are in need of treatment services in order to achieve reunification or maintenance at home with their infants and willing to seek treatment; (3) have no pending and/or no previously granted involuntary termination of parents rights (TPR) petitions; (4) are willing to enter an admission with respect to the presented petition; (5) whose infants are committed to DCYF as a result of the admission to dependency or neglect; (6) do not exhibit violent behavior and/or mental health issues of such nature and intensity as to preclude meaningful participation in family treatment drug court; and (7) are willing to comply with family treatment drug court program rules. (abstract)

Geographic Service Area—Providence and Bristol Counties, Rhode Island (cover)

Drugs Addressed—Drugs addressed include cocaine, heroin, methadone, marijuana, and alcohol. (page 5)

Theoretical Model—The court-based collaborative family drug treatment court program is designed to quickly identify and assess alcohol and other drug-exposed infants, provide alcohol and other drug treatment for parents, develop comprehensive multi-disciplinary case plans for families, ensure intensive case monitoring, and provide for frequent court supervision of court orders, case plan compliance, and progress in treatment. (page 4)

Type of Applicant—Family court (cover)

SERVICE PROVIDER STRUCTURE

Service Organizational Structure—The Rhode Island Family Court has operated a family and juvenile court program since December 1999. (page 4)

Service Providers — The service providers mentioned in the application include the Department of Children, Youth and Families (DCFY), Department of Human Services (DHS), Department of Mental Health/Retardation and Hospitals (Division of Substance Abuse) (MHRH-DSA), Public Defender's Office, Office of Court-Appointed Special Advocate (CASA) CASA/guardian ad litem, Rhode Island Legal Services (RILS), Women and Infants Hospital/Infant Development Center—Vulnerable Infants Program (VIP-RI), SSTARBIRTH, Eastman House, King House, TriHab/PACS, Kent County Mental Health, Providence Center, Project Link, CODAC, Discovery House, and Center for Behavioral Health. (pages 7, 12)

Services Provided—The services to be provided include substance abuse and mental health treatment, drug testing, parental education and support, health and dental care, education, housing, transportation, living skills, employment training and referrals, vocational rehabilitation, child care, and children's services. (abstract)

Service Setting—Residential and outpatient. (pages 6-7)

Number of Persons Served—This project will serve 150 women, their infants, and other family members, over a 3-year period. (page 6)

Desired Project Outputs—Desired outcomes are not stated in the application.

Consumer Involvement—Plans for consumer involvement are not stated in the application.

EVALUATION

Strategy and Design—The evaluation will use a service group repeated-measures design, with sub-group analyses when permitted by sample size. Measurement points will be consistent with GPRA data collection requirements. The evaluation will consist of a formative evaluation and a summative evaluation with process and outcome evaluation components. (page 16)

Evaluation Goals/Desired Results—The sole evaluation goal statement found in the application is to determine the costs associated with service delivery, to support sustainability efforts. (page 16) Otherwise, the application contains no statement regarding evaluation goals.

Evaluation Questions and Variables—The application contains five sets of evaluation questions on pages 16 and 17, in the following categories: (1) formative evaluation questions; and summative evaluation questions, including (2) process evaluation participant-level questions, (3) process evaluation program-level questions, (4) process evaluation system-level questions, and (5) outcome evaluation participant-level questions.

Instruments and Data Management—The adult instruments to be used by the project include the following: GPRA, SASS-3I, BSI, the Adult-Adolescent Parenting Inventory—2 (AAPI-2), and the Community Life Skills Scale (CLSS). (page 20) The infant instruments to be used by the project include the following: Infant Outcome Data, the NICU Network Neurobehavioral Scale (NNNS), and the Bayley Infant Neurodevelopmental Screener (BINS). (page 21) The lead

evaluator will design and maintain a computerized data management system at the National Perinatal Information Center (NPIC). Staff at NPIC will be responsible for data entry. (pages 15, 21-22)